

Supplemental Application Data Sheet

Application Information

Application number::	10/709,997
Filing Date::	06/11/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	3773
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHOD AND APPARATUS FOR HARVESTING AND IMPLANTING BONE PLUGS
Attorney Docket Number::	22956-302 (MIT169CON)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	15
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mark
Middle Name::	A.
Family Name::	Johanson

City of Residence:: Littleton
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 5 Harvest Lane
City of mailing address:: Littleton
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01460

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bill
Family Name:: Barnes
City of Residence:: Macon
State or Province of Residence:: GA
Country of Residence:: US
Street of mailing address:: 153 Covington Court
City of mailing address:: Macon
State or Province of mailing address:: GA
Postal or Zip Code of mailing address:: 31210-4447

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Donald
Middle Name:: J.
Family Name:: Rose
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US

Street of mailing address:: 25 East End Avenue
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10028-7052

Correspondence Information

Correspondence Customer Number:: 21125

Representative Information

Representative Customer Number:: 21125

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/004,388	10/23/01
10/004,388	Division of	09/118,680	07/17/98

Foreign Priority Information

Assignee Information

Assignee name:: DePuy Mitek, Inc.
Street of mailing address:: 325 Paramount Drive
City of mailing address:: Raynham
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02767

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.			
Signature	/Lisa Adams/	Date	February 17, 2010
Name (Print/Type)	Lisa Adams	Registration No. (Attorney/Agent)	44,238